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maintenance fee notifica CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)						
Patrick G. Bur. GREER, BURN Suite 2500							
300 South Wacker Dr. Chicago, IL 60606							
00480, 12 000							(Signature)
					*** **		(Date)
APPLICATION NO.	FILING DATE	L	FIRST NAMED INVENT	OR ·	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/808,071 TITLE OF INVENTION	03/24/2004 N: LIQUID CRYSTAL D	ISPLAY DEVICE	Syouichi Fukutoku			1117.70170	7097
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID IS	SUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	07/01/2008
EXAMINER _		ART UNIT	CLASS-SUBCLASS	\neg			
CHOW, YUK		2629	345-211000	_	-		
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-(Number is required. 3. ASSIGNEE NAME A	lication (or "Fee Address)2 or more recent) attach ND RESIDENCE DATA	(1) the names of up or agents OR, altern (2) the name of a si registered attorney of 2 registered patent a listed, no name will THE PATENT (print or	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. IE PATENT (print or type) Ita will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.				
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
SHARP KABUSHIKI KAISHA Osaka, Japan							
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual	Corporati	on or other private gro	oup entity Government
4a. The following fee(s) Issue Fee Publication Fee (N Advance Order - 4	lo small entity discount p	b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-2069 (enclose an extra copy of this form).					
	s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no I				
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Authorized Signature	Jan K	~ Fo-		DateJi	ne 30, 2	2008	
Typed or printed name			Registration No. 37,538				
	.550.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR Corresons are required to res					by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number.